

California's Child and Family Services Review System Improvement Plan

County:	Tehama
Responsible County Child Welfare Agency:	Tehama County Department of Social Services
Period of Plan:	October 1, 2004 – September 30, 2005
Period of Outcomes Data:	County Data Report of April 2004
Date Submitted:	September 30, 2004

County Contact Person for County System Improvement Plan

Name:	Teresa Curiel
Title:	Sr. Staff Services Analyst
Address:	PO Box 1515 Red Bluff, CA 96080
Phone:	(530) 528-4084
Email:	tcuriel@tcdss.org

Submitted by each agency for the children under its care

Submitted by:	Tehama County Department of Social Services Director
---------------	--

Name:	Christine C. Applegate
-------	------------------------

Signature:	_____
------------	-------

Submitted by:	Tehama County Interim Chief Probation Officer
---------------	---

Name:	William W. Fleharty
-------	---------------------

Signature:	_____
------------	-------

I. Identify Local Planning Bodies *(Demonstrate the collaborative and planning relationships the CWS engaged for the Self Assessment and SIP processes)*

The Tehama County Board of Supervisors, at their March 2, 2004 meeting, established the Children and Family Leadership Team (CFLT) to assist the Tehama County Department of Social Services with the implementation of CWS Redesign. This multi-disciplinary group is comprised of twenty board appointed members and five workgroups. CWS redesign initiatives have also been folded into this organization to have better coordination of all activities. Refer to page 3 of this document for the organizational chart.

The representation of the membership includes: Social Services Director, CWS Program Manager, County Auditor, Member of the Board of Supervisors, Public Health, Drug/Alcohol, Mental Health, Probation Officer, Schools, Business Community, Law Enforcement, Judicial, Child Abuse Prevention and Coordinating Council, First 5, County Dept. of Education, and the Chairs of the five workgroups.

The membership of the workgroups is comprised of line staff and supervisors from the above-mentioned agencies and disciplines as well as community based organizations, former CWS parents, foster parents, employment and training agencies, CDSS Adoption Services, Headstart, and community members.

The CFLT held its first meeting on May 6, 2004 in which it invited all workgroup members and community to participate. At this meeting the components of the Self Assessment were identified, county data reviewed, and input was received from the 55 in attendance. In addition to this input, Social Services held several small group discussions with pertinent players (Tehama County Probation, North Valley Catholic Social Services, New Directions to Hope, CDSS Adoption Services, Tehama County Health Service Agency (Drug/Alcohol Services, Mental Health, Public Health,) Parent Leadership group (former and current CWS parents), Alternative to Violence, Lilliput (private adoptions foster family agency)) to receive input and feedback on the Self Assessment.

At the CFLT's June 15th meeting the Self Assessment was presented for final review and comment. At this same meeting the System Improvement Plan was discussed as well as identifying areas of the Self Assessment that could be included in the System Improvement Plan. Based on the areas identified as possible inclusion in the SIP, CWS program manager, supervisors and line staff identified their top three priority outcomes to be addressed. The two safety outcomes that were identified were: 1) child abuse/neglect referrals with a timely response; 2) timely social worker visits with child. CWS staff also chose the initial and primary placements with relatives as a top priority for two reasons: first, Tehama County's numbers are very low in comparison to the state and second the department has just engaged in the Family to Family initiative which focuses on keeping children within their community and families. The Management Information System factor was also chosen because it was identified throughout the Self Assessment as an area to be addressed. These identified outcomes were presented at the following Children and Family Leadership Team meeting, in which the members agreed that they should be the first areas to be addressed and were in consensus that all the outcomes be internal since the community of this small county does not currently have the capacity to assist

the Tehama County Department of Social Services with CWS Redesign implementation and AB 636 compliance. As funding becomes available, community partners have expressed interest in assisting in identified areas.

In addition to the CFLT collaborative there are two other collaborative bodies that address the broader county population including, children, families, and elders. The first is the Tehama County Interagency and Coordinating Council, which is a collaborative of department heads that serves as the county's top policy-making body. The council sets policies and priorities for all community services for the county's general population. The other collaborative is the Tehama County Health Partnership. This collaborative is a partnership of agencies and community members that collaborate on grant opportunities, network services, and offer some direct service for youth. In recognition that it was essential to keep both of these collaboratives abreast of CWS issues and informed on what the Children and Family Leadership Team was working on, two CFLT members were asked to be the liaisons for these collaboratives. The Social Services Director, who already is a member of the Interagency and Coordinating Council, was asked to fill the role of liaison by providing information to and bringing back any feedback on a monthly basis. The CWS Program Manager, being already an active participant on the Health Partnership, was asked to report to that partnership on a monthly basis. Both of these CFLT members have kept these collaboratives informed and have provided them the opportunity to give their input on the efforts of CWS Redesign, AB 636 Self Assessment, and the SIP.

Tehama County's SIP team composition is as follows:

Randi Gottlieb, CWS Program Manager
Sharon Roberts, CWS Supervisor
Catherine Riewer, CWS Supervisor
Michael Coffron, CWS Supervisor
Cheryl Jackson, CWS Supervisor
All CWS Social Workers
Michelle Wetmore, Division Director of Tehama County Probation Department

Although other core representatives were not directly involved in drafting the SIP, they were involved through the CLFT in recommending the outcomes be addressed this first year.

**CHILDREN AND FAMILY
LEADERSHIP TEAM
(CFLT)**

Tehama County
Board of Supervisors

Children & Family Leadership Team

Family to Family

**First Response
Workgroup**

Chair – Cheryl Jackson

Community Co-Chair –

**Resource and
Sustainability
Workgroup**

Chair – Mona Schoelen

Community Co-Chair –

**Permanency and
Youth Workgroup**

Chair – Denise Rochlitz

Community Co-Chair –

Strategy Groups:
1. Recruitment Training &
Support of Resource
Families
2. Team Decision Making

**Community Capacity
& Coordination
Workgroup**

Chair – Steve Dickerson

Community Co-Chair –

Strategy Groups:
1. Building Partnerships
within Neighborhoods and
Community
2. Education
3. Substance Abuse

**Accountability
Workgroup**

Chair – Teresa Curiel

Community Co-Chair –

Strategy Group:
1. Self Evaluation

Breakthrough Series
Collaborative

Parent Leadership

Child Abuse Prevention and
Coordinating Council

II. Share Findings that Support Qualitative Change *(Describe any data collection techniques)*

Prior to the formation of the CFLT, the department held several “town hall” meetings to get input and feedback from the community on CWS Redesign. These town hall meeting were held in Corning, Los Molinos, and Red Bluff. In addition, the department also held a half-day planning meeting with both the Tehama County Interagency and Coordinating Council and the Tehama County Health Partnership. As mentioned above, the department also got feedback from the CFLT and the small group discussions of key community player. The department also approached the Parent Leadership group (a group of former and current CWS parents) for input to the Self Assessment. From all these meetings several areas for improvement were identified, such as gaps in service, training needs, need for more foster homes, foster homes to place large families of children in, as well as numerous other improvements needed. These areas of improvement were incorporated into the Self Assessment. However, for the SIP the data that was used were primarily the CWS Outcome and Accountability County Data Report of April 2004.

III. Fiscal Analysis for Meeting Outcomes

As a small county, resources are limited and staffing is low. To meet the required federal outcomes it will be essential to not only build the capacity of the department to meet mandated requirements, but also build the capacity of the community to support in those efforts.

The department has done a fiscal analysis to determine the cost of meeting the required outcomes. To meet the outcomes that strictly pertain to the performance of the department and its staff, the department would need to hire at least one Foster Parent Liaison to assist in recruiting and maintaining foster homes for the numerous needs of foster children (i.e. culturally sensitive, capacity for large family groups, medically needy, etc.). Social Workers all carry a large case load (much higher than that recommended in the 2030 study), which does not allow them to do to assist families in achieving their case plans, but rather they only have enough time complete all the required reports and activities and refer the families to necessary services. Therefore aides would need to be hired to assist and work with parents to help them successfully complete their case plan. Just this internal adjustment will cost the department a minimum of \$105,000 a year. However, the adding of only several staff is still not meeting the full needs of this population. We believe that in order to fully and successfully meet the federal outcomes, this department will need to have more direct support to families and children, but also will need to develop the capacity of our community partners to provide the essential services that these children and families need. Small communities do not have the resources to build the capacity that is needed to meet the federal outcomes. A cost analysis as to what this county needs to be able more fully meet the needs and federal outcomes will cost in upwards of \$500,000 a year.

IV. Summary Assessment of the Self-Assessment

A. System Strengths and Areas Needing Improvements

The redesign process has been instrumental in helping Tehama County to begin to develop a stronger and more responsive system for keeping children safe and strengthening families and communities. Tehama County Child Welfare Services has reorganized its social work units in order to align itself with the goals of Redesign. These new units are now developing protocols for the three pathways.

The first focus of Tehama County's Breakthrough Series Collaborative Team is on creating a new intake structure. The BSC Team name: ARRIBA, stands for **A**ct early, **R**each out, **R**espond to **I**dentified risk **B**efore **A**buse. The goal of the new intake structure is to develop a Community Response for those referrals that are deemed to be low risk according to the Structured Decision Making safety and risk tool.

Pathway Two broadens efforts to restore family capacity and preserve families when possible. To this end, the Children's Division has created a Family Preservation Unit that will collaborate with community-based agencies to provide needed services and supports to moderate risk families. Some of the strategies that are being used to increase the numbers of families in Family Maintenance programs and reduce the numbers of children removed from their homes are: to increase home based services, to identify extended family members as partners, and to coordinate cases between CalWORKs and CWS.

Pathway Three focuses on placement and permanence for children. Tehama County has been selected as one of the newest counties to join Family to Family. TCDSS is in the formative stages of developing strategies to recruit family homes in local communities, and increase relative and non-related extended family placements. The three Family Resource Centers will be utilized as target neighborhoods from which to launch these efforts. The recruitment for a brand new county position of Foster Parent Liaison has been initiated.

In order to improve services to children in foster care, the relationship with local schools will be assessed. One of the first priorities will be to see if the AB 490 mandate for a school liaison for foster children is being developed.

Families with Substance abuse issues continue to be a high percent of the families who enter the Child Welfare System. There is a great need to develop additional community based programs for both mothers and fathers in all three pathways. Head Start has taken the lead in a new collaborative grant through Tehama First 5 that will provide substance abuse treatment for fathers in or at risk of being in the Child Welfare System. New contracts with community-based agencies are being explored that will enable children to go into residential treatment. Also new protocols for the county's response to substance-exposed infants are being developed.

B. Areas for Further Exploration through the PQCR

Tehama County is beginning initial steps to develop a Peer Quality Case Review process. As mentioned above, TCDSS is just beginning to implement Family to Family and would welcome peer review from other Family to Family counties who have already obtained success in the core strategies, specifically from counties who can mentor us in utilizing Team Decision Making, and in recruitment and retention of foster parents.

Community resources are being expanded to develop additional foster homes in local neighborhoods and increase the capacity to place children with relatives and non-related extended family members.

The PQCR process will be instrumental to providing feedback on the successful implementation of these plans.

Outcome/Systemic Factor: 2C: Timely Social Worker Visits with Child Systemic Factor A: Management Information Systems					
County's Current Performance: Our current performance rate for this outcome factor varies from 51.5% to 68.8%, while the state average varies from 67.3% and 72.5%. Through the Self Assessment process the timeliness and accuracy of data entry was identified as being an area of concern. We feel that other areas of concern are workload and visitation policy and practices.					
Improvement Goal 1.0 Improve the timely social worker visits with the child to 90%.					
Strategy 1. 1 Institutionalize expectations of timely visits with child.			Strategy Rationale¹ Social Workers are challenged to meet the numerous deadlines; visits with children may not be tracked as closely as they should be.		
Milestone	1.1.1 Expectations for workers and supervisors are written and reviewed with all staff.	Timeframe	1 month (10/31/04)	Assigned to	Supervisors Program Manager
	1.1.2 Supervisors discuss and support SWers in unit meetings and during supervision time on an on-going basis.		1 month (10/31/04)		Program Manager to monitor implementation with supervisors.
	1.1.3 Each worker review with supervisor their personal strategy for tracking monthly contacts.		2 months (11/30/04)		Supervisors
	1.1.4 Safe Measures reports generated and reviewed between supervisors-program manager and supervisor-staff.		2 months (11/30/04)		Program Manager Supervisors
Strategy 1. 2 Initial court case plan is completed within 21 days.			Strategy Rationale¹ Contact requirements are monthly if case plan is completed.		
Milestone	1.2.1. Expectations for court workers to have a case plan created and signed within 21 days are written and reviewed with staff.	Timeframe	1month (10/31/04)	Assigned to	Supervisors and Program Manager
	1.2.2 Court SW trained to do case plans immediately following detention hearings.		2 months (11/30/04)		Pathway II Supervisor
	1.2.3 Run query reports in Business Objects to track completed case plans.		3 months (12/31/04)		CWS/CMS Analyst Pathway II Supervisor

¹ Describe how the strategies will build on progress and improve this outcome or systemic factor

	1.2.4 Legal clerks authorized to enter approved case plans into CWS/CMS.		2 months (11/30/04)		CWS/CMS Analyst Pathway II Supervisor
	1.2.5 A means for recognizing and celebrating improvement around this issue is identified and implemented.		4 months (1/31/05)		Program Manger and Supervisors
Strategy 1. 3 Initial voluntary case plan is completed within 21 days.		Strategy Rationale ¹ Contact requirements are monthly if case plan is completed.			
Milestone	1.3.1 Expectations for workers to have a case plan created and signed within 21 days are written and reviewed with staff.	Timeframe	1 month (10/31/04)	Assigned to	Supervisors and Program Manager
	1.3.2 ER workers trained to do a case plan immediate after Voluntary Service Agreement is signed.		2 months (11/30/04)		Pathway II Supervisor
	1.3.3 Run query reports in Business Objects to track completed case plans.		3 months (12/31/04)		Pathway II Supervisor
	1.3.4 Case plans reformatted by office assistant and sent for approval.		2 months (11/30/04)		Pathway II Supervisor
	1.3.5 A means for recognizing and celebrating improvement around this issue is identified and implemented.		4 months (1/31/05)		Program Manger and Supervisors
Notes: All statistics are from the CWS Outcome and Accountability County Data Report of April 2004.					

Improvement Goal 2.0 Improve the timeliness and accuracy of data input among all staff.					
Strategy 2.1 Review CWS/CMS ACL and distribute info to staff in a handy, easy-to-use format to help them input data correctly.			Strategy Rationale ¹ Staff are sometimes unsure of where and how to input data in the CWS/CMS system. Providing a easy-to-use desk guide will simplify and clarify the data entry process.		
Milestone	2.1.1 ACL reviewed and desk guide created.	Timeframe	4 months (01/31/05)	Assigned to	CWS/CMS analyst
	2.1.2 Supervisors receive desk guide and input issues are discussed and reviewed.		4 months (01/31/05)		CWS/CMS analyst Program Manager
	2.1.3 Desk guide distributed to and reviewed with staff.		5 months (02/28/05)		Supervisors

Strategy 2.2 Follow-up with training, support, and monitoring via Safe Measures.			Strategy Rationale ¹ Providing support and offering training to those who need it will demonstrate its importance to staff.		
Milestone	2.2.1 Training designed and offered.	Timeframe	5 months (2/28/05)	Assigned to	CWS/CMS Analyst
	2.2.2 Supervisors discuss input issues at unit meetings on an on-going basis and troubleshoot areas of concern with staff.		5 months (2/28/05)		Supervisors
	2.2.2 Safe Measures reports generated and reviewed between supervisors-program manager and supervisors-staff.		6 months (3/31/05)		Program Manager
Strategy 2.3 Institutionalize expectations of timeliness and accuracy of CWS/CMS data input.			Strategy Rationale ¹ Analysis of initial data indicates SW practice is not accurately and timely documented.		
Milestone	2.3.1 Expectations for workers and supervisors are written (including CWS/CMS responsibilities) and reviewed with all staff.	Timeframe	5 months (2/28/05)	Assigned to	Supervisors Program Manager
	2.3.2 Supervisors discuss and support staff in unit meetings and during supervision time on an on-going basis.		6 months (3/31/05)		Program Manager to monitor implementation with supervisors
	2.3.3 A means of recognizing and celebrating improvement around this issue is identified and implemented.		6 months (3/31/05)		Program Manager and supervisors.
Describe systemic changes needed to further support the improvement goal. This portion of the SIP does include the Management Information System systemic factor.					
Describe educational/training needs (including technical assistance) to achieve the improvement goals. Learn from other counties who have addressed this issue successfully.					
Identify roles of the other partners in achieving the improvement goals. This is an internal agency matter, therefore does not require involvement of other partners.					
Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals. None					

¹ Describe how the strategies will build on progress and improve this outcome or systemic factor

Outcome/Systemic Factor: 2B: Percent of Child Abuse/Neglect Referrals with a Timely Response					
County's Current Performance: Our current performance rate for this outcome factor is: 86.5% for Immediate Response compared to the State average of 93.6% and 66.1% for the 10-Day Compliance compared to the State average of 90.6%. Having a timely response to all referrals is very important to Tehama County. The Self Assessment identified areas that may be affecting our performance in this factor: priority put on immediate referrals over 10 day, data entry, assigning of referrals for investigation and the closing out of cases.					
Improvement Goal 1.0 Increase the percent of Immediate Response Compliance to 90%.					
Strategy 1. 1 All ER staff receive training on data entry for immediate response referrals.			Strategy Rationale ² Inconsistency and confusion regarding appropriate data entry.		
Milestone	1.1.1 Contact UC, Davis to provide training for the ER unit and supervisor.	Timeframe	1 month (10/31/04)	Assigned to	CWS/CMS Analyst
	1.1.2 All ER staff receive training.		3 months (12/31/04)		CWS/CMS Analyst
	1.1.3 Data entry protocols for immediate response are developed.		3 months (12/31/04)		CWS/CMS Analyst
	1.1.4 Supervisor reviews Safe Measures reports to assure all staff meet response time frame.		4 months (1/31/05)		ER Supervisor
Strategy 1. 2 Cross train other Social Worker staff to help in ER unit when appropriate response timeframe is hindered.			Strategy Rationale ¹ Sometimes the number of referrals or the available number of ER staff makes it impossible to meet the required response time. By training other Social Workers in ER, they can help in responding to the referrals.		
Milestone	1.2.1. Social Workers to job shadow ER Social Workers in the field.	Timeframe	6 months (5/31/05)	Assigned to	Supervisors
	1.2.2 Social Workers to receive one-on-one training on the data entry component of ER.		6 months (5/31/05)		Supervisors
	1.2.3 Supervisors review Safe Measures reports to assure all staff meet the response time frame.		6 months (5/31/05)		Supervisors

¹ Describe how the strategies will build on progress and improve this outcome or systemic factor

Strategy 1.3 Develop and communicate policy regarding evening and weekend referrals.		Strategy Rationale ¹ Some evening and weekend referrals may not be addressed until the next business day, which causes the response time to be out of compliance.			
Milestone	1.3.1 Explore what other counties are doing and draft policy.	Timeframe	6 months (3/31/05)	Assigned to	ER Supervisor
	1.3.2 Policy reviewed at meeting with program manager and supervisors. Policy accepted.		7 months (4/30/05)		Supervisors and Program Manager
	1.3.3 Policy presented and discussed at the CWS division meeting.		7 months (4/30/05)		Supervisors and Program Manager
Notes: All statistics are from the CWS Outcome and Accountability County Data Report of April 2004.					

Improvement Goal 2.0 Increase percent of 10-Day Compliance to 90%.					
Strategy 2.1 All ER staff to receive training on data entry for 10 day compliance.			Strategy Rationale ¹ Inconsistency and confusion regarding appropriate data entry.		
Milestone	2.1.1 UC, Davis contacted to provide training for ER unit and supervisor.	Timeframe	1 month (10/31/04)	Assigned to	CWS/CMS Analyst
	2.1.2 All ER staff receive training.		3 months (12/31/04)		CWS/CMS Analyst
	2.1.3 Data entry protocols for 10 Day Compliance are developed.		3 months (12/31/04)		CWS/CMS Analyst
	2.1.4 Supervisor reviews Safe Measure reports to assure staff meet response time frame.		4 months (1/31/05)		ER Supervisor
Strategy 2.2 All ER staff receive time management training.		Strategy Rationale ¹ ER staff are extremely busy. We feel that learning tips on how to prioritize and better manage their time will help improve the response time for 10 day referrals and the entry all necessary information into CWS/CMS in a timely manner.			
Milestone	2.2.1 Time management tools identified and purchased.	Timeframe	3 months (12/31/04)	Assigned to	ER Supervisor
	2.2.2 Staff receive training.		4 months (1/31/05)		ER Supervisor
	2.2.3 Supervisor discusses and reinforces time management skills at unit meetings on an on-going basis.		4 months (1/31/05)		ER Supervisor

Strategy 2.3 Enter into CWS/CMS all referrals immediately and triage daily.			Strategy Rationale ¹ Officers of the day sometimes may not give the referrals to the screeners until a few days after they have been received, resulting in fewer days for the ER Social worker to respond timely.		
Milestone	2.3.1 Develop policy that all intake referrals are sent to screeners immediately.	Timeframe	1 month (10/31/04)	Assigned to	ER Supervisor
	2.3.2 Train all Social Workers to immediately forward all intake referrals to screeners for entry into CWS/CMS.		2 months (11/30/04)		Supervisors
	2.3.3 Screeners trained in SAWS and WTW to identify services already provided to family.		2 months (11/30/04)		ER Supervisor
	2.3.4 Screeners forward referrals with service information to supervisor for triaging.		2 months (11/20/04)		ER Supervisor
Describe systemic changes needed to further support the improvement goal. Management Information System – Assure that all staff accurately enters data.					
Describe educational/training needs (including technical assistance) to achieve the improvement goals. Learn from other counties who have been successful in addressing this issue.					
Identify roles of the other partners in achieving the improvement goals. This is an internal agency matter, therefore does not require involvement of other partners.					
Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals. Ten day compliance period should be 10 business days instead of 10 calendar days.					

¹ Describe how the strategies will build on progress and improve this outcome or systemic factor

Outcome/Systemic Factor: 4B: Foster Care Placement in the Least Restrictive Settings					
County's Current Performance: Our data demonstrates that we have difficulty in the initial and primary placement of children with relatives. Our current rate for initial placement with relatives is 0% compared to the State average of 16.3%. Our current rate of primary placement with relatives is 10% compared to the State average of 34.1%. Sixty three percent of our initial placements are in foster homes, with 33% in FFA's and 0% in group/shelter placements. These stats reflect our commitment to place children in the least restrictive settings.					
Improvement Goal 1.0 Increase the number of children who are placed with relatives at initial placement.					
Strategy 1. 1 Provide immediate CLETS clearance for appropriate relatives.			Strategy Rationale¹ Our inability to receive clearance from CLETS prohibits us from doing any initial placement with relatives.		
Milestone	1.1.1 Coordinate with law enforcement agencies, enter into agreements with them to immediately run CLETS on appropriate CWS family relatives.	Timeframe	2 months (11/30/04)	Assigned to	Director and Program Manager
	1.1.2 Develop a policy that allows Social Workers to have access to the CLETS clearance.		2 months (11/30/04)		Program Manager
Strategy 1. 2 Develop and communicate policy regarding the use of CLETS and the need to place children with relatives, when appropriate.			Strategy Rationale¹ Our inability to receive clearance from CLETS has created a practice of not looking for appropriate at time of initial placement.		
Milestone	1.2.1. Develop a policy regarding relative placements.	Timeframe	2 months (11/30/04)	Assigned to	Program Manager and Supervisors
	1.2.2 Policy presented and discussed at all staff division meeting.		4 months (1/31/05)		Program Manager
	1.2.3 ER and On-Call staff trained in policy at unit meetings.		4 months (1/31/05)		Supervisors
Strategy 1. 3 Develop and communicate policy regarding initial home inspection.			Strategy Rationale¹ We currently do not have a policy or checklist for the initial home inspection.		
Milestone	1.3.1 Develop a policy and checklist for the initial home inspection.	Timeframe	2 months (11/30/04)	Assigned to	Program Manager and Supervisors
	1.3.2 Policy presented and discussed at all staff division meeting.		4 months (11/30/04)		Program Manager
	1.3.3 ER and On-Call staff trained in policy and use of checklist at unit meeting.		4 months (1/31/05)		Supervisors
Notes: All statistics are from the CWS Outcome and Accountability County Data Report of April 2004.					

Improvement Goal 2.0 Increase the number of children who are placed with relatives as their primary placement.					
Strategy 2.1 Develop and communicate policy regarding primary placement with relatives.			Strategy Rationale ¹ SW are currently not consistent on inquiring of possible relative placements.		
Milestone	2.1.1 Develop a policy regarding relative placements	Timeframe	2 months (11/30/04)	Assigned to	Program Manager and Supervisors
	2.1.2 Policy presented and discussed at all staff division meeting.		4 months (1/31/05)		Program Manager
	2.1.3 Supervisors discuss issues at unit meetings on an on-going basis.		4 months (1/31/05)		Supervisors
Strategy 2.2 Social Workers consistently do a thorough inquiry of possible relatives for placement by dispositional hearing.			Strategy Rationale ¹ SW do not always identify 1 st degree relatives interested in placement until much later in the process.		
Milestone	2.2.1 SW trained to ask up front for interested 1 st degree relative placement possibilities.	Timeframe	3 months (12/31/04)	Assigned to	Supervisors
	2.2.2 Every SW addresses relative placements in their reports.		3 months 12/31/04)		Supervisors
Strategy 2.3			Strategy Rationale ¹		
Milestone	2.3.1	Timeframe		Assigned to	
	2.3.2				
	2.3.3				
Describe systemic changes needed to further support the improvement goal. Agency Collaboration: One of our major barriers to this improvement goal is our ability to obtain the necessary clearances to place children with their relatives. Our collaboration with law enforcement needs to be strengthened so that we can be able to obtain <u>immediate</u> CLETS clearance so that children can be placed with relatives at initial placement.					
Describe educational/training needs (including technical assistance) to achieve the improvement goals. We would like to contact other counties, who have been successful in placing children with relatives, to gather information on their process and protocols.					
Identify roles of the other partners in achieving the improvement goals. Law enforcement plays a critical role in the success of achieving this improvement goal. Without law enforcement immediately running and providing us with clearance from CLETS, we are unable to place any child with their relative.					
Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.					